MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10019985

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	1		1		1		51							
2		1		1		1	52							
3				1		1	53							
4		1		1		1	54							
5		4		1		1	55							
6		4		1			56							
7		4		1		1	57							
8		4				1	58							
9		4				1	59							
10		4		1		1	60							
11		0		1		1	61							
12		0		1		1	62							
13		0				1	63							
14		0				1	64							
15		0				1	65							
16		0		1		1	66							
17		0				1	67							
18		0				1	68							
19		0				1	69							
20		0		1		1	70							
21		0				1	71							
22		0				1	72							
23		0				1	73							
24		0				1	74							
25		0		1		1	75							
26						1	76							
27						1	77							
28						1	78							
29						1	79							
30						1	80							
31						1	81							
32						1	82							
33				1		1	83							
34						1	84							
35				1		1	85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.		↓		↓		↓	TOTAL IND.			↓		↓		↓
TOTAL DEP.			34		34		TOTAL DEP.							
TOTAL CLAIMS			35		35		TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)

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